FORM GA-1 (Rev. 2006)

CLAIM FOR FEES FOR GUARDIAN AD LITEM OR ATTORNEY REPRESENTING PARENTS IN DEPENDENCY AND TERMINATION OF PARENTAL RIGHTS CASES

(See Tennessee Supreme Court Rule 13 for Compensation Limits)

INSTRUCTIONS: Type and submit in duplicate to the clerk of court. Both copies must be signed by the attorney and judge. Attach the signed order of appointment. The Clerk shall retain one copy for its files and shall forward the original to the Administrative Office of the Courts, Attorney Claims, Nashville City Center, Suite 600, 511 Union, Nashville, TN 37219.

COUNTY OF _____ **COURT** _____

CHILDREN/NAMES, DOB & CORRESPONDING FILE NOS. (*File Number remains the same for each claim submitted for this client(s). Only one claim may be filed for a sibling group. Must be completed by GAL and parent's attorney.)*

_____

_____

PETITION NO.: _____

REPRESENTATION: ☐ **GUARDIAN AD LITEM** ☐ **PARENT'S ATTORNEY** ☐ **ATTORNEY (S.Ct. Rule 40 Appt.)**

Name of Parent(s) _____

TYPE OF CASE:

I. ☐ **DEPENDENT/NEGLECT/ABUSE:**

- ☐ **Claim for Original Petition**
- ☐ **Claim for Intervening Petition** ***(Attach Petition – Separate claim is permitted only if disposed of separately from original petition)***

II. ☐ **TERMINATION OF PARENTAL RIGHTS**

III. ☐ **APPEAL TO CIRCUIT COURT**

IV. ☐ **APPEAL TO COURT OF APPEALS**

V. ☐ **APPEAL TO SUPREME COURT**

CLAIM FOR FOLLOWING PHASE:

- ☐ **Filing of N/D Petition to Disposition**
- ☐ **Post-disposition (Last date of activity_____)**
  (Foster care review boards, court reviews, permanency hearing)

DATE OF DISPOSITION: _____ **HAVE YOU BILLED FOR THIS CLIENT PREVIOUSLY?** ☐**YES** ☐**NO**

SUMMARY OF ACTIVITY TOTALS (From itemized list on back of form)	**(A) IN-COURT HOURS** (Tenths)	**(B) OUT-OF-COURT HOURS** (Tenths)	**(C) NECESSARY EXPENSES**
TOTALS			

I certify that the foregoing represents an accurate and complete statement of time and expenses in connection with the above action or proceedings.

_____

Signature of Attorney

Soc. Sec. No.: _____

Fed. Tax Id. No:_____

Enter FULL Name and Complete Address Here

Attorney: _____

Address: _____

_____

City: _____ State: ____ Zip _____

Phone: _____ Fax:_____

TO BE COMPLETED BY JUDGE

(A) _____ Total Approved In-Court Hours @ $50 Per Hour....._____

(B) _____ Total Approved Out-of-Court Hours @ $40 Per Hour....._____

(C) _____ Total Approved Necessary Expenses ....._____

TOTAL ..... _____

Subject to the provisions of T.C.A. § 37-1-150, the Court finds this to be reasonable compensation for work done in the above-style case.

This the _____ day of _____, _____

_____

Signature of Judge

_____

Judge's Name — Please Print

DATE	ACTIVITY Itemize in-court and out-of-court hours spent working on this case. Itemize any out-of-pocket expense. Itemize any other approved expenses & attach to the back of this claim a certified copy of the court's prior approval of such expense.	(A) IN-COURT HOURS (Tenths)	(B) OUT-OF COURT HOURS (Tenths)	(C) NECESSARY EXPENSES

Continued on next page…

	(Right click on number and select "update field" to calculate) **TOTALS:**	**0**	**0**	**$ 0.00**